METROPOLITAN AREA AGENCY on A·G·I·N·G

**The Twin Cities Metropolitan Region
2005 Independent Aging Agenda**

**Final Summary Report
August 12, 2005**

Date of Event:	June 28, 2005
Location of Event:	University of Minnesota Center for Continuing Education, Saint Paul, Minnesota
Sponsoring Organization:	Metropolitan Area Agency on Aging 1600 University Avenue West, Suite 300 Saint Paul, Minnesota 55104
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White House Conference on Aging Summary Report

Individuals should have the right to age with independence and dignity. We must do all that we can to ensure and protect these rights, so that good quality of life is maintained throughout the age continuum. When this goal is reached, we will have fulfilled one of mankind's most important humanitarian visions.

On June 28, 2005, the Metropolitan Area Agency on Aging sponsored a Twin Cities Metropolitan Region White House Conference on Aging independent aging agenda event at the University of Minnesota's College of Continuing Education Conference Center. Over 185 providers, older Minnesotans, and caregivers in the metropolitan area participated in the opportunity to shape recommendations for the national White House Conference on Aging.

Five priority issue sessions were featured for conference participants. These included: *Creating Innovative Multigenerational Communities; Establishing Priorities to Integrate Preventive, Chronic, and Acute Care; Advocating for Healthy Aging; Building and Supporting a Changing Workforce;* and *Ensuring Financial Security.* The 90-minute sessions were staffed by a skilled facilitator, a content expert for technical guidance and clarification, and a recorder. The following priority policy recommendations, barriers, and solutions were identified at the independent aging event.

PRIORITY ISSUE #1: Innovative Multigenerational Communities must be established that are active, diverse, accessible, and age-friendly.

Barriers to multigenerational communities:

1) ***Transportation barriers*** *-* Current metropolitan transport systems are expensive and unwelcoming. Few alternative transport systems exist or are perceived as expensive and unsafe by seniors. For many older individuals who are dependent on private auto use, the increased price of gas is prohibitive. Federal funding is needed to support innovative and affordable transport systems for multi-generations.

2) ***Volunteerism barriers*** *-* Few well-publicized role models exist of healthy, older volunteers who are making important contributions. Ageist and sexist stereotypes of seniors are frequently promoted in media messages. Unaffordable transportation, liability, legal barriers, and a lack of incentives to involve older adults in organizations exist. Predominant stereotypes of older people in television, commercials, advertisements, and other media sources impact the untapped wealth of knowledge, experience, coaching, and mentoring by talented and articulate older adults.

3) **Isolated planning and funding barriers** - Silos of isolation separate planning coordination, funding sources, continuing education, and transportation incentives. Locations where multigenerational integration begs to be fostered include education and recreation centers, commercial sites, and other community-based centers. Integrated, multidisciplinary, and community-wide planning is needed to create interactive multigenerational environments.

Solutions to create multigenerational communities:

1) **Transportation solutions** – Accessible transportation must be created for senior interdependence and well-being. Financial resources must be realigned to increase access to health care services, recreational centers, social venues, commercial centers, and other community sites.

2) **Volunteerism solutions** - Financial incentives for companies will help foster worksite and community relationships between persons of all ages. Employer flexibility with hours, transportation relief, and education incentives are important first steps. No-charge background checks, recruiting of senior volunteers, exit interviews with volunteers, and exploring agency volunteer incentives are important priorities.

3) **Isolated planning and funding solutions** - Long-term planning and financial rebalancing between public and private organizations are needed. Media and community campaigns to publicize inclusion and diversity, promote accessible/affordable housing, and promote "everyday leaders" will increase an awareness of successes in establishing vibrant, diverse, and accessible multigenerational communities.

PRIORITY ISSUE #2: The disease-based medical model must be replaced with an integrated preventive, acute, and chronic care model. Long-range health planning, health career education, expanded community-based health services, and preventive care funding will create integrated systems and reduce chronic and acute health care expenses.

Barriers to health care integration: Aging in the United States is viewed as a medical problem, rather than as an ongoing life change and natural process. High costs of health care, limited access (due to income, employment, residency, liability, risk, and other qualifications), regulatory issues, and the increasing complexity of the health system are significant barriers for many elders.

The medical model must be redefined to integrate preventive care and health education across the human lifespan. Funding allocations that connect formal and informal care systems, while holding public and private systems accountable, are essential. Innovative community-based service delivery models need financial and logistical reinforcement.

Diverse beliefs about health care funding also exist, accompanied by differing perceptions of health care economics and reliance on a formal system. Polarized opinions about health care costs, entitlement, fear of abuse, rationing, and mistrust of politics are isolating factors.

Solutions for health care integration: Systems are experiencing some positive patient care management and system coordination. New examples of non-traditional care, multicultural learning, health education, alternative models of healthy aging, improved chronic and acute disease prevention/management, and improved communication between patients/providers/health systems are emerging.

Greater education and public awareness is needed with all consumers at the table in active participation. Self-responsibility and shared responsibility in making informed health care decisions is imperative. Increased sliding fee scales, use of informal systems of care, and clarification of social values/public support seek open discussion and joint decision-making.

More appropriate technology, improved family resilience and caregiver training, and development of a more representative health workforce need diligent attention and action. A focus toward best practices in health care, changes in entitlement thinking, shared community involvement, and integrated health delivery systems are important goals.

PRIORITY ISSUE #3: Advocating for healthy aging must include sufficient and integrated funding, affordable access to preventive, acute, and chronic health services, and reduced health disparities affecting individuals and communities.

Barriers to healthy aging: Elders are seldom valued for their essential contributions to the family, workplace, and economy. In addition, health systems generally remain focused on existing conditions, instead of taking strong preventive cost-effective approaches.

Consumers and health care providers tend to focus on tertiary care, with a lack of positively documented outcomes to support financial needs. In addition, insufficient knowledge and insensitivity by policy makers toward individual and family health status and the complexity of decision-making prevail. Furthermore, a significant lack of equal access to *quality health care for all* exists in the United States. Insufficient and non-cohesive funding, limited insurance coverage, and insufficient reimbursement for provider costs pose major challenges to healthy aging.

Solutions to healthy aging: Public information campaigns that highlight contributions and strengths of elders in our society must occur. Campaigns are needed to:
1) promote healthy, satisfied, and productive lives for elders; 2) publicize important societal contributions that older adults make to families, the workforce, education, mentoring, and community support; and 3) increase role modeling of older adults as educators, workers, leaders, and volunteers.

Research to develop outcome measures, incentives for health promotion, and best practices for disease prevention and management must take place with regular, ongoing funding source support and priority status. Sufficient funding for provider reimbursement is also essential. Informal community-based caregiving must be strengthened.

PRIORITY ISSUE #4: Building and supporting a changing workforce must involve all generations. Continuous education must occur to increase broader multi-generational worker capacity. Planning and policies for a horizontal workforce must be developed to meet the needs of an information and relationship-based economy. Furthermore, workforce regulations must be recognized and enforced consistently.

Barriers to workforce change: Today's workforce neglects involvement of older workers and discriminates in age, race, and income. Older workers are often forced to limit their incomes due to fear of losing essential benefits.

Organizations and staff have limited expectations of older workers. All employees need education about the productivity and assets of older workers in balancing and supporting workforce needs and staff/family flexibility. The current education system also has a short-minded view of the abilities of older adults. Ageism and sexism also minimize the influence and power of older adults to create a more integrated workforce.

Solutions for workforce change: Movement toward a horizontal work environment must occur. Everyone's contribution is needed; everyone has a role in reaching a solution. Policy changes must take place regarding salaries, benefits, and enforcement of the A.D.A. regulations, with reductions in older worker discrimination.

Ongoing worksite, community, and family education are needed to reinforce the gains in knowledge, skills, wisdom, availability, and capacity in employing older workers.

Existing policies must be enforced and expanded through tax incentives. Expanded needs include tax payer relief for education and social security that encourages workers to continue to receive benefits for remaining in the workforce.

PRIRITY ISSUE #5: Financial security must be ensured. Reduced income after retirement is a strong fear since income does not keep pace with the cost of living. Financial and human resources for long-term care must be developed.

Barriers to financial security: Many United States companies have reduced their pension benefits, resulting in enormous economic consequences for individuals and families. Changes to Social Security have a large impact on family finances and security. Many individuals also have an entitlement mentality that results in a lack of incentive for continuous education and workforce development.

Increased health care costs, misalignment and fragmentation of the health care system, limits in Medicare competitiveness, and increased tax burdens limit the ability of individuals to meet basic economic needs.

Families face competing economic priorities. Most Americans cannot afford ongoing long-term care payments. Many individuals live with an entitlement mentality or pose legal loopholes to the health care system. Individuals also lack education about the financial risks and implications associated with specific health behaviors and actions.

Solutions for financial security: Improved economic policies that ensure Social Security system solvency must be realized. Education incentives for all workers must be integrated and supported by industry leaders and policy makers. Furthermore, a greater role of companies in retirement planning is needed.

Active health promotion by health systems, industry, families, and communities is essential to increase self-responsibility for one's health. Reimbursements for preventive health care, better care coordination, more effective resource utilization, effective cost control strategies, and initiating health promotion and chronic care management strategies must continue.

Best practices for individual and community long-term health must be publicized rigorously and maintained by health care providers, worksites, communities, and families. Chronic care management through diet, exercise, medication management, and other substantiated measures must be increased. Long-term care and proactive care incentives must be instituted. Affordable health care options must be developed for all Americans, and Medicaid must be targeted to those who genuinely need support for limited periods due to hardship.